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ABSTRACT

A number of social, home adjustment, and self concept measures were administered to 200 physically handicapped adolescents in British special schools. No significant differences were found in terms of self concept, family relations, social adjustment, or attitudes toward the disabled between the 100 dayschool Ss and the 100 residential school Ss. Likewise, no differences were seen when comparisons were made between those with acquired and congential handicaps or those with more or less severe handicaps. Males did have more positive self concepts than females. (Author/SBH)

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Self-Concept and Family Relations in Physically Handicapped Adolescents in British Day and Residential Special Schools

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Abstract

A number of measures of social and home adjustment and self-concept were administered to 200 physically handicapped adolescents in British special schools. No significant differences were found in terms of self-concept, family relations, social adjustment, or attitudes toward the disabled between the 100 day school subjects and the 100 residential school subjects. Likewise, no differences were seen when comparisons were made between those with acquired and congenital handicaps or those with more or less severe handicaps. Males did have more positive self-concepts than females. The methodology was reviewed and suggestions made for future research.

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Although many physically handicapped children attend residential special schools, very little research has been done on the effects on the child and his/her family of various types of school placement. A review of the literature showed that while English children in special day schools for the physically handicapped (McMichael, 1971) and those physically handicapped children who are integrated or mainstreamed into ordinary schools (Anderson, 1973) had been studied, little attention had been directed toward children in residential special schools. Since about one-third of all English physically handicapped children who attend special schools are in residential schools, it was decided that children in day and residential schools should be compared in terms of self-concept, social adjustment, and family relationships. Thus, two large samples of physically handicapped adolescents were selected and given a number of measures of intelligence, self-concept, social adjustment, home adjustment, and attitudes toward the disabled.

The major hypotheses of the study included:

1. Children in day special schools will have more positive self-concepts than children in residential special schools.
2. Children in day schools will have better social adjustment and more favorable attitudes toward the disabled in general than children in residential schools.
3. Children in day schools will have more positive family relationships, including home adjustment, than children in residential schools.
4. Less severely handicapped, or ambulatory, children will have better family relationships and more positive self-concepts than more severely handicapped, or non-ambulatory, children.
5. There will be no differences between children with acquired and congenital handicaps in terms of self-concept, attitudes toward the disabled, or

family relationships.

6. There will be no differences between males and females in terms of self-concept, social adjustment, or family relationships, but females will have more positive attitudes toward the disabled than males.

A comprehensive review of the literature in the United States and Great Britain was made, with emphasis being placed on studies of self-concept, social adjustment, and family relations in physically handicapped children (Bishop, 1976). Mallison (1957) found the type of school attended was a major determinant of overall adjustment in his sample of physically handicapped adolescents, while McMichael (1971) in her study of physically handicapped children in a special day school found that parental attitudes were critical in the child's adjustment to his/her handicap. There are about nine million school children in England and Wales, of whom about 100,000 were receiving some type of special educational services for the handicapped in 1976. About 13,000 children were in day or residential special schools for the physically handicapped, with these schools varying in terms of size, ages, and administrative control.

Methodology

Assessment of the handicapped child is often a challenge for the educator or psychologist. Test selection is influenced by the nature of the child's handicaps, his/her past social and educational development, and the presence or absence of neurological handicaps including brain damage. Selection-type tests such as the Columbia Mental Maturity Scale or the Raven's Standard Progressive Matrices are recommended for use with physically handicapped children. However, there are no self-concept or social adjustment measures specifically designed for physically handicapped children, and so measures used with non-handicapped American children had to be substituted unless measures for non-handicapped English children could be located. The Raven's Standard

Progressive Matrices and the accompanying Mill Hill Vocabulary scale (Raven, 1958) were used to assess intelligence. The Piers-Harris Children's Self-Concept Scale (Piers, 1969) was selected because of its reliability and consistency as well as its relatively easy reading level which was necessary for group testing. The Attitudes Towards Disabled Persons Scale, form O, was chosen in view of its wide use and good validity (Yuker, Block, & Young, 1970). Part of the home adjustment section of the Bell Social Adjustment Inventory (Bell, 1962) was also used, along with the Draw-A-Person and the Tasks of Emotional Development (Cohen & Weil, 1971), while the Bristol Social Adjustment Guides (Stott, 1974) were completed by teachers and child care staff.

Subjects for the research came from four day schools and seven residential schools for the physically handicapped in England and Wales, all of which were coeducational and all but two of which were run by local education authorities (LEAs). They ranged in age from 12 to 16 years, included a wide range of physical handicaps of which the most common were cerebral palsy and spina bifida, and were able to read and write on at least a nine-year-old level. This was necessary due to the group administration of most tests. Two hundred subjects, half male and half female, and half from day schools and half from residential schools, completed all the testing and comprised the sample for statistical analysis. About one-fourth of the sample were non-ambulatory and about one-eighth had handicaps acquired at age five years or later while the remainder had congenital or early infancy handicaps. One hundred and sixty of the subjects lived with both parents, but broken homes were more common in the residential school sample. In terms of previous education, 76 subjects had not attended another school, 70 had gone to ordinary day schools, and 54 had attended different special schools in the past.

With regard to intelligence testing there was a high positive correlation ($r=.63$, $p=0.001$) between the Mill Hill and Raven's Matrices which was expected

since the tests were designed to complement each other. Positive correlations were also noted between the Draw-A-Person when scored as a measure of intelligence and the Raven's Matrices ($r=.60$, $p=0.001$) and the Mill Hill ($r=.48$, $p=0.001$). The day school subjects did significantly better on intelligence testing than the residential school subjects. In this connection it should be noted that there were significantly more non-ambulatory children, mostly with spina bifida, in the residential sample, and this is likely to have contributed to the lower intelligence test scores. Males did better than females on the Raven's Matrices and Draw-a-Person measures, but there were no sex differences in terms of age or severity of handicap, and only muscular dystrophy was a more common handicap in one sex than the other.

Results

The basic descriptive statistics for the total population and for the day and residential school groups are presented in Table I. Analysis of variance showed that there was no significant difference between the day and residential school subjects in terms of self-concept as measured by the Piers-Harris scale. The residential school subjects had better family relationships, as measured by the home adjustment section of the Bell Inventory, than did the day school subjects. The residential school children did not differ on general social adjustment or attitudes toward the disabled from the day school children. There were no significant differences between the ambulatory and non-ambulatory children in terms of self-concept, home adjustment, social adjustment, or attitudes toward the disabled. No significant differences were noted between the small sample with acquired handicaps and the larger sample with congenital handicaps. There were no significant differences between males and females in terms of social adjustment, family relationships, and attitudes toward the disabled, but males did have more positive self-concepts than females.

Table 1

Basic Descriptive Statistics by Type of School and Total Group

Variable	Total Population mean	s.d.	Day School mean	s.d.	Residential School mean	s.d.
Attitude Toward Disabled Persons score	63.35	18.73	61.95	17.21	64.94	20.12
Piers-Harris score	49.41	13.18	50.24	13.69	48.58	12.65
Piers-Harris percentile	44.38	27.88	45.98	29.47	42.77	26.25
Bell Home Adjustment[a]	4.67	3.09	5.51	3.28	3.84	2.66
Raven's Matrices T-score	43.91	9.31	45.21	9.52	42.61	8.96
Mill Hill T-score	42.46	7.90	43.41	8.26	41.51	7.45
Draw-A-Person average standard score[b]	70.44	18.18	72.59	18.83	63.36	17. 36

a Only 16 of the 35 items of the Bell Home Adjustment scale were used; the higher the score the poorer the home adjustment.

b Standard scores derived from Harris (1963) with mean = 100, s.d. = 15.

As might be expected, subjects with more positive self-concepts also had more positive home adjustment scale scores. A rough attempt was made to assess feelings about being handicapped by looking for indications of visible handicaps in the self-drawings for the Draw-A-Person. Those ambulatory children with visible handicaps were more willing to include their handicaps spontaneously than the non-ambulatory children, all of whom, of course, had visible handicaps. Boys were also more willing than girls to include their handicaps, thus perhaps indicating less denial and more acceptance of their physical handicaps as part of their body images. Analysis of the Task of Emotional Development stories and projective analysis of the Draw-A-Person drawings has not yet been completed.

Discussion

It was somewhat surprising that the residential school subjects had better family relationships in terms of home adjustment than the day school subjects, but this may be due to their less frequent contacts with home or to differences in terms of school environment and atmosphere. The lack of differences in terms of self-concept, attitudes toward the disabled, and home adjustment between those who were ambulatory and those who were non-ambulatory and between those with congenital and acquired handicaps was in keeping with some previous research (Breslin, 1968; Wright, 1960). Again, it must be recalled that there were relatively few children with either acquired or more severe, as measured by ambulatory status, handicaps included in the study so this may have influenced the results. Ambulatory children may have been readier to include their visible handicaps in their self-drawings since they did not have the concerns about mobility and general helplessness which many of the non-ambulatory children had.

While no control group of non-handicapped children was included in the study, some comparisons may be made with non-handicapped samples on whom the various measures were standardized. The research group scored significantly lower than a standardization sample of Colchester, England school children (Raven, 1958) on both the Raven's Matrices and the Mill Hill scales. This may be due to a greater incidence of mental retardation and brain damage in the research population, especially as the Raven's Matrices require good spatial perception and good visual skills. The research group was also significantly lower, or less positive, in their scores on the Attitudes Toward Disabled Persons scale than various groups of American physically handicapped adolescents or adults. One might attribute this to difficulty in comprehending the test directions as this was the hardest test to administer or to cultural factors although this measure has been successfully used in a number of nations. While the self-concept and social adjustment scores did differ somewhat between the research group and non-handicapped populations, these differences were not as striking. Of course, some of the differences between the handicapped sample and non-handicapped groups may be significant, but additional research would be needed before this was established.

In terms of methodology, there were potential problems with using instruments designed for American subjects in Britain, and with using tests meant for the non-handicapped with the handicapped. There also were problems due to the lack of non-handicapped control groups which could have been used to help assess what effects, if any, were due to differences between day and residential education regardless of handicaps. It might have been desirable to have separated the children with brain damage, including hydrocephalus and cerebral palsy, from those without brain damage in the data analysis since other research (Anderson, 1973) has shown that the presence of brain damage

had more influence on self-concept, adjustment, and cognitive skills than did the type or severity of physical handicaps. Other methodological problems were noted with regard to the effects of handicaps on completion of the Draw-A-Person and the Tasks of Emotional Development, as well as reluctance on the part of some teachers to take any time in completing the Bristol Social Adjustment Guides. It would have been desirable to have the sample more carefully balanced in terms of type and severity of handicaps as well as using fewer schools to control for variations between schools; but most British schools for the physically handicapped are quite small, especially at the secondary level, and thus a number of schools had to be used in order to obtain a sufficiently large sample.

In terms of future research there is an urgent need for research with non-handicapped children and their families which can be used in comparative studies with handicapped children. It would also be interesting to broaden this study to include other handicaps such as blindness and deafness, children of younger ages who may be more adversely affected by education in a residential setting, and to include cross-cultural comparisons with children in special schools in other nations such as the United States, Australia, Canada, or Scandanavia. More attention needs to be given to the process of selecting a type of education for a given handicapped child since often there is little explanation for why one child attends a residential special school, another is in a day special school, and yet a third with the same degree of handicap attends the local, ordinary school.

The first and most important implication of this research study is that there are no major differences in the social and emotional status of physically handicapped children as a result of whether they attend day or residential special schools. In view of the population concerned, this statement can only

be generalized to the physically handicapped special school population in England and Wales. This study should not be seen as an endorsement of special education for the physically handicapped since there was no comparison between children in special schools and those integrated into ordinary schools. Secondly, while few children with serious emotional disturbance were noted in the study, many of the physically handicapped adolescents do have problems in terms of self-concept, identity, and social relationships which indicate they would benefit from counseling. This type of counseling, probably both from trained counselors and mental health professionals and from trained peer counselors should be available to physically handicapped adolescents, and should, ideally, be provided in the school setting.

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